

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Name		Member of:				
John C. Robins	.00					
Mailing address		District				
15 (ranbury Pond F		103				
City, zip code		Phone 655-8657				
Roymond ME 040	<i>I</i>	622 - 863 /				
PART 1. INC	OME DERIVED FROM EMPLOYMENT BY AN	OTHER				
ist the name and address of each en principal type of economic activity of each	nployer from whom you received compensation ch employer.	of \$1,000 or more. Specify the				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
	20 80x 837 /283 king Street	Real Estate Property				
Rubinson MPg Co.	Oxford, ME 04270°	Development				
	70807375	Real Estate				
Rubinsia Holdings LLC	oxPord, ME 04270	201010				
Exterd Timb-loads LLC	70 802 837	Timbre Maragement				
)X-10-01	0 xPand. ME 04270	, may a family				
A. List the name and address of your	INCOME DERIVED FROM SELF-EMPLOYME (For Legislators who are self-employed.) business, if any, and list the major areas of eartnership, firm, professional association, or sim	economic activity from which w				
Name and Address of Business E	ntity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
ame:						
ame: ddress: ame:	The state of the s					

PART 2 (continued). INCOME DERIVED FR		YMENT						
B. List each source of income derived from self-employment that represents n is greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional ethe entity or person from whom the income was derived.	erson from whom you	derived such income. If this form of						
Name and Address of Source	그는 그는 그는 그들은 그는 그는 그는 그는 그는 그는 그는 그는 그는 그를 모르는 그를 모르는 그를 모르는 그를 모르는 것이 되었다. 그를 모르는 그를							
Name:								
Address:		DAY TO MEET THE PROPERTY OF TH						
Name:								
Address:								
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-								
List your major areas of practice. If associated with a law firm, list the major are	CONTRACTOR CO. CO. CO. CO. C.	The second secon						
Name and Address of Firm	Major Areas of Pra (self)	ctice Major Areas of Practice (firm)						
Name:	Sec							
Address:								
Name: Address:								
PART 4. OTHER SOURCES (	OF INCOME							
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of thi	s form. Do not include	e gifts. If none, check the box.						
None								
Name and Address of Source		Kind of Income (investments, leases, etc.)						
Name:								
Address:								
Name: Address:								
PART 5. REPORTABLE LIA	BILITIES							
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yo areas of economic activity of each creditor. Do not list loans from a relative. If		reporting period, and list the major						
None								
Name and Address of Greditor		Principal Type of Economic Activity of Creditor						
Name:	-							
Address:	77-67-74 (8) and Administration of the control of th							
Name:								
Address:								
PART 6. REPORTABLE	19716 - 1984 S. 1794 - 179 - 1797 - 1797 - 1797 - 1797							
List the specific source of each gift of more than \$300. Include gifts with an ag none, check the box	gregate value of more	than \$300 from a single source. If						
None Core	and a security of the contraction	and the second s						
Name of Source of Gift  1. 3.	Name of S	Source of Gift						
2	v om som miner open bedå komy	en e						

PART 7. REPORTA	BLE HONG	DRARI	A
List the source of any honoraria accepted for appearances or speeche	es related to	your o	fficial duties. If none, check the box.
None			
Name of Source of Honoraria	A STATE OF S	1	lame of Source of Honoraria
1.	3.		
2. 4	1.	<u></u>	en anne en anne en anne en
PART 8. REPRESENTATION B	EFORE S	TATE	AGENCIES
List each executive branch agency before which you represented or a the box.	assisted ot	ners for	compensation of any amount. If none, check
None	Wilder VIII A.	The Landson	No. of the second secon
Name of Agency		1 12	Name of Agency
1. 3	Normania (normania de la composición d		
2. 4			
PART 9. BUSINESS WITH	UCTATE	ACEN.	
List each executive branch agency to which you or a member of your in			
\$1,000 during the reporting period. If florie, check the box.	-	·	or good of solvices with a value in excess of
None			
Name of Agency			Name of Agency
1. 3.			
2. 4.	-		MEC VARIABLE AND THE SECOND
PÄRT 10. INCOME RECEIVED BY ME	MBERS (	)F IMM	EDIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. ["D" for income received by dependents.	of \$1,000 Do not inclu	or more	e received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	l appr	ircle opriate tter	Kind of the me
1.	S	D	and the second of the second o
2.	s	D	
3.	S	D	
4.	S	D	** ** ** ** ** ** ** ** ** ** ** ** **
SIGNATÚ	RE	W.C.V.	
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	ct to a fine	of \$10	O per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the A	Commiss	ion con eneral	cludes that it appears that a Legislator has
f the Commission determines that a Legislator has willfully failed to fi the Legislator shall be presumed to have a conflict of interest on question in committee or in either branch of the Legislature, and s (1 M.R.S.A. § 1019)	ile a requir	ed state	ind shall be procluded from voting an l
$\Lambda$		<i>i</i> .	
Signature	- 1	18/08	
Signature			Date

NAME: Sol	m C	Robinson		44.000	DAT	E: 1/8/0	) {		100-2 (100-200) (100-20-4 (100-20-20-20-20-20-20-20-20-20-20-20-20-2
ADDRESS: الخ	Crorken	y Pord Rd ME 0407	CALIDA DITAN AMARIA II II DAN AMARIA	The state of the s			**************************************		f.
				ADDITIONAL IN	IFORMATION	*			
Please provide information you	any additional are providir	onal information ng.	below (a	and on additional	sheets if needed	d). Indicat	e the part or	section nu	mber for the
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